

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	: 1644	Customer No.:	035811
Examiner	: Ronald B. Schwadron		
Serial No.	: 09/155,514		
Filed	: November 17, 1998		
Inventors	: Mie Kainoh	Docket No.:	1102-98
	: Toshiaki Tanaka		
Title	: CHIMERIC PROTEINS, THEIR	Confirmation No.:	8751
	: HETERODIMER COMPLEXES, AND		
	: PLATELET SUBSTITUTES	Date:	May 26, 2005

**RESPONSE TO NOTICE TO COMPLY WITH REQUIREMENTS FOR PATENT
APPLICATIONS CONTAINING NUCLEOTIDE SEQUENCE AND/OR AMINO ACID
SEQUENCE DISCLOSURES**

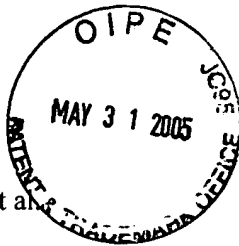
Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is submitted in response to the Notice dated April 26, 2004.

Amendments to the Specification begin on pg. 2 of this paper.

Remarks begin on pg. 3 of this paper.



Attorney Docket No.: 1102-98

In re Application of Mie Kainoh, et al.

Serial No.: 09/155,514

Filed: November 17, 1998

For: CHIMERIC PROTEINS, THEIR HETERODIMER COMPLEXES AND PLATELET SUBSTITUTES

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- ☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 7	-	** 64=	0
INDEP.	* 1	-	** 6=	0
Application Size Fee				
First Presentation of Multiple Dependent Claim				

RATE	ADD'L FEE
x 25 =	\$
X 100 =	\$
	\$
+180=	\$

OR

RATE	ADD'L FEE
x50 =	\$
x 200 =	\$
x250=	\$
+360=	\$

TOTAL ADDITIONAL FEE

\$0.00

OR

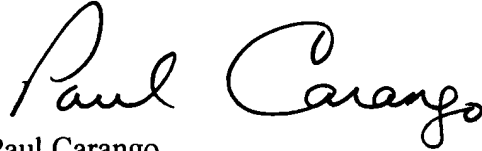
\$ _____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,



Paul Carango
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Attorney for Applicants

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